

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	ITR0064	
	First Named Inventor	Filocamo, Gessica et al.	
	COMPLETE IF KNOWN		
	Application Number		
	Filing Date		
	Group Art Unit		
		Examiner Name	

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

INHIBITORS OF MAMMALIAN HDAC 11 USEFUL FOR TREATING HDAC 11 MEDIATED DISORDERS

(Title of the invention)

the specification of which

☒ bears the Attorney Docket Number and Title of the Invention noted above

OR

☐ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent or inventor's certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Number	Priority Claimed?	
				YES	NO
PCT/EP2005/000559	PCT	01/18/2005	ITR0064Y	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Attorney Docket Number
60/537,940	01/21/2004	ITR0064PV

DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known to me to be material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Application Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/EP2005/000559	01/18/2005	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint, respectively and individually, as my attorney(s) or agent(s) with full power of substitution and revocation, the following registered practitioner(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith:

☒ Practitioners Associated with the Customer Number **000210**
 OR
☐ Registered practitioner(s) named below

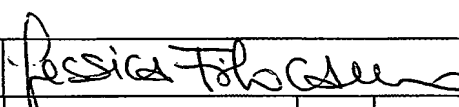
Name	Registration Number	Name	Registration Number

Direct all correspondence to: ☒ Customer Number **000210**

Name	Vineet Kohli				
Address	Merck & Co., Inc. - Patent Department				
Address	P.O. Box 2000, RY60-30				
City	Rahway	State	NJ	ZIP	07065-0907
Country	USA	Telephone	(732)594-3889	Fax	(732)594-4720

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

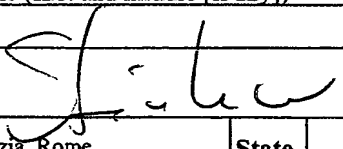
Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname	
Gessica		Filocamo	
Inventor's Signature			Date July 5, 2006
Residence: City	Pomezia, Rome	State	Country Italy
			Citizenship Italy
Mailing Address	Istituto di Ricerche di Biologia Molecolare P. Angeletti, Via Pontina KM 30,600		
City	Pomezia, Rome	State	ZIP 00040
			Country ITALY

☐ Additional inventors are being named on the 1 supplemental Additional Inventors(s) sheet(s) PTO/SB/02A attached hereto.

DECLARATION AND POWER OF ATTORNEY

**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])				Family Name or Surname									
Christian				Steinkuhler									
Inventor's Signature					Date		5 July 2006						
Residence: City		Pomezia, Rome		State		Country		Italy		Citizenship		Germany	
Mailing Address		Istituto di Ricerche di Biologia Molecolare P. Angeletti, Via Pontina KM 30,600											
City		Pomezia, Rome		State		ZIP		00040		Country		ITALY	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])				Family Name or Surname									
Inventor's Signature					Date								
Residence: City				State		Country				Citizenship			
Mailing Address													
City				State		ZIP				Country			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])				Family Name or Surname									
Inventor's Signature					Date								
Residence: City				State		Country				Citizenship			
Mailing Address													
City				State		ZIP				Country			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor											
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Inventor's Signature					Date								
Residence: City				State		Country				Citizenship			
Mailing Address													
City				State		ZIP				Country			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])				Family Name or Surname									
Inventor's Signature					Date								
Residence: City				State		Country				Citizenship			
Mailing Address													
City				State		ZIP				Country			